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Intellectual Property Law

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To: United States Patent and Trademark Office
 FACSIMILE NO.: (703) 872-9306
 OUR REF.: ISTOR.007A
 YOUR REF.: Application No. 10/781,341
 FROM: Ted M. Cannon
 OPERATOR: Joni Kiewel
 DATE: June 25, 2004

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PAGE 1/7 * RCVD AT 6/25/2004 4:38:22 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:9497609502 * DURATION (mm:ss):02:12

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PATENT

Attorney Docket No. JSTOR.007A

Date: June 25, 2004

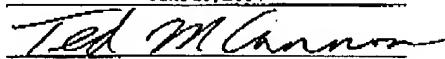
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :	Jean Kodama et al.
Appl. No. :	10/781,341
Filed :	February 18, 2004
For :	REMOTE DIRECT MEMORY ACCESS FOR iSCSI
Examiner :	Unknown
Group Art Unit :	2661

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Ted M. Cannon, Reg. No. 55,036

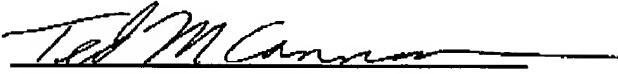
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Commissioner for Patents
Office of Initial Patent Examination
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Alexandria, Virginia 22313-1450

Dear Sir:

Applicant hereby submits for filing in the above-identified application:

- (X) A *Request for Corrected Filing Receipt* in one (1) page.
- (X) A copy of a Filing Receipt with changes in two (2) pages.
- (X) A copy of a February 18, 2004 Transmittal in one (1) pages.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.



Ted M. Cannon
Registration No. 55,036
Attorney of Record
Customer No. 20,995

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APPL NO.	FILING OR 371 (C) DATE	ART UNIT	FIL FEE RECD	ATTY/DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/781,341	02/18/2004	2661	0.00	ISTOR.007A	12	24	3

CONFIRMATION NO. 9239

20995
 KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
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 IRVINE, CA 92614

FILING RECEIPT



OC000000012689686

Date Mailed: 05/18/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Jean Kodama, Residence Not Provided;
 Michael Morrison, Residence Not Provided;

Domestic Priority data as claimed by applicant

This appln claims benefit of 60/469,556 02/18/2003

Foreign Applications

If Required, Foreign Filing License Granted: 05/17/2004

~~Projected Publication Date: To Be Determined - pending completion of Missing Parts~~

Non-Publication Request: No

Early Publication Request: No

Title

Remote direct memory access for iSCSI

Preliminary Class

370

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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COPY**PATENT**

Attorney Docket No. ISTOR.007A
 Date: February 18, 2004
 Page I

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Jean Kodama, Michael Morrison

For: REMOTE DIRECT MEMORY ACCESS FOR iSCSI

REQUEST AND CERTIFICATION UNDER 35 U.S.C. § 122(b)(2)(B)(i)

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. § 122(b).

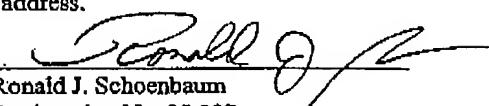
Enclosed are:

- (X) Specification in Thirty-one (31) pages.
- (X) Twelve (12) sheets of drawing.
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$770	\$770
Total Claims	24 - 20 =	4 ×	\$18	\$72
Independent Claims	3 - 3 =	0 ×	\$86	\$0
FILING FEE TO BE PAID AT A LATER DATE				\$842

- (X) Please use Customer No. 20,995 for the correspondence address.



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